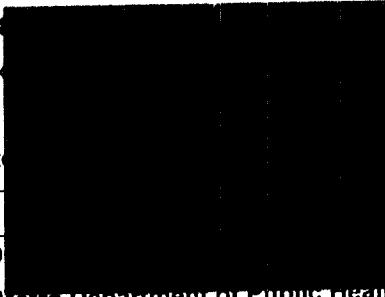
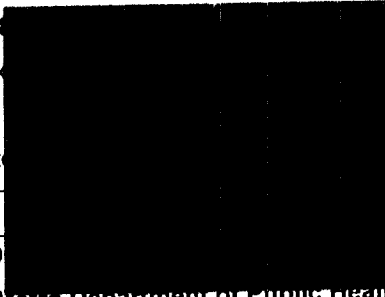
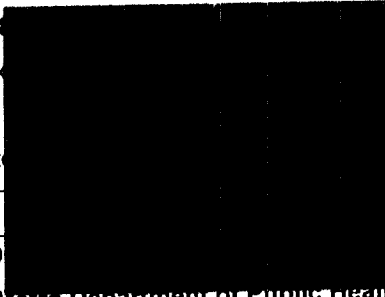


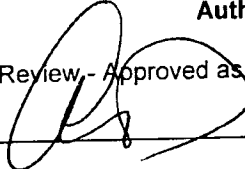
**CONTRACT DATA SHEET**PSC Type (check one): ☐ New ☒ Renewal ☐ Addendum**Contractor Information**

1. Legal Name of Contractor: **University of Louisville School of Nursing**
2. Address: **K Building, Room 3019**
3. City/ State & Zip: **Louisville, KY 40292**
4. Contact Person Name & Telephone Number: **Susan Walker 852-8517/Dr. Kay Roberts**
5. Revenue Commission Taxpayer ID#: 
6. If registration is not required please explain: 
7. Is account in good standing: **Yes**
8. Federal Tax ID # (SSN if sole proprietor): 

9. Requesting Department: **Louisville Metro Department of Public Health and Wellness**
10. Contact Person Name & Telephone: **Kay Heady 574-6759/Ken Kring 574-8430**

**Contract Information**

11. Not to exceed amount: **\$331,705.00**
12. Are expenses reimbursed? **No**
13. If yes list allowable expenses and maximum amount reimbursable:
14. Beginning and ending date of the contract: **July 1, 2007 – June 30, 2008**
15. Coding: **2101-605-4159-411586-521365/1101-605-4142-411525-521365**
16. Scope & Purpose of the contract: **To provide 4.35 FTE specialized Advanced Nurse Practitioner services in Metro Health Department clinics.**

**Authorizations**NSH County Attorney Review - Approved as to Form:Department Director: Date: 6/12/07

Signature certifies:

KRC Funds are availableKRC Contractor is registered and in good standing with the Revenue CommissionKRC Human Relations Commission registration requirements have been metCph Risk Management Division of Finance - Certifies Insurance requirements satisfied: 11-8-07Cabinet Secretary: N/A  
(If applicable)

Date: \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_, SERIES 2007

A RESOLUTION PURSUANT TO ORDINANCES 126 AND 127, SERIES 2007, APPROVING THE APPROPRIATION TO FUND THE FOLLOWING RENEWAL CONTRACT - (UNIVERSITY OF LOUISVILLE, SCHOOL OF NURSING - \$331,705.00).

Sponsored By: \_\_\_\_\_

BE IT RESOLVED BY THE LEGISLATIVE COUNCIL OF THE LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT (THE COUNCIL) AS FOLLOWS:

SECTION I: The following appropriation for the listed contract is hereby approved:

**DEPARTMENT OF PUBLIC HEALTH AND WELLNESS**

\$331,705.00 for a renewal Professional Service Contract with University of Louisville, School of Nursing for Advanced Registered Nurse Practitioner Services from July 1, 2007 through June 30, 2008.

SECTION II: This Resolution shall take effect upon its passage and approval.

\_\_\_\_\_  
Kathleen J. Herron  
Metro Council Clerk

\_\_\_\_\_  
Rick Blackwell  
President of the Council

\_\_\_\_\_  
Jerry E. Abramson  
Mayor

\_\_\_\_\_  
Approval Date

**APPROVED AS TO FORM AND LEGALITY:**

Irv Maze  
Jefferson County Attorney

BY: \_\_\_\_\_

**WRITTEN FINDINGS****EXPLAINING NECESSITY FOR USING NONCOMPETITIVE NEGOTIATION FOR PSC**

This document constitutes written request and findings, as required by KRS 45A.380 stating the need to purchase through noncompetitive negotiation for PSC Contract # \_\_\_\_\_. By the signatures listed below, the Requesting Department has determined, and the Chief Financial Officer concurs, that competition is not feasible because:

\_\_\_\_\_ A. An emergency exists which will cause public harm as a result of the delay in competitive procedures. **\*\* Mayors Approval required for emergency purchases exceeding \$10,000.**

\_\_\_\_\_ B. There is a single source within a reasonable geographic area of the supply or service to be procured or leased (attach sole source determination from the Purchasing Department).

  X   C. The contract is for the services typically provided by a licensed professional, such as an attorney, architect, engineer, physician, certified public accountant, registered nurse, or educational specialist; a technician such as a plumber, electrician, carpenter, or mechanic; an artist such as a sculptor, aesthetic painter, or musician; or a non-licensed professional such as a consultant, public relations consultant, advertising consultant, developer, employment department, construction manager, investment advisor, or marketing expert and the like.

\_\_\_\_\_ D. The contract is for the purchase of perishable items purchased on a weekly basis, such as fresh fruits, vegetables, fish, or meat.

\_\_\_\_\_ E. The contract is for replacement parts where the need cannot reasonably be anticipated and stockpiling is not feasible.

\_\_\_\_\_ F. The contract is for proprietary items for resale.

\_\_\_\_\_ G. The contract or purchase is for expenditures made on authorized trips outside the boundaries of the city.

\_\_\_\_\_ H. The contract is for the purchase of supplies which are sold at public auction or by receiving sealed bids.

\_\_\_\_\_ I. The contract is for group life insurance, group health and accident insurance, group professional liability insurance, worker's compensation insurance, or unemployment liability insurance.

\_\_\_\_\_ J. The contract is for a sale of supplies at reduced prices that will afford a purchase at savings to the Metro Government.

\_\_\_\_\_ K. The contract was solicited by competitive sealed bidding and no bids were received from a responsive and responsible bidder.

\_\_\_\_\_ L. Where, after competitive sealed bidding, it is determined in writing that there is only one (1) responsive and responsible bidder.

\_\_\_\_\_  
Requesting Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cabinet Secretary  
(When required by cabinets policy)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*\*Mayor

\_\_\_\_\_  
Date

**\*\*Signature is required only for Written Finding A**

**Changes for FY 08: July 1, 2007 through June 30, 2008**  
**University of Louisville School of Nursing**  
**Professional Services Contract**

**Page One and throughout document:**

- Louisville Metro Health Department to Louisville Metro Department of Public Health and Wellness
- LMHD to LMPHW

**Pages Two and Three:**

- (\$1000.00) to (\$1200.00)
- THREE THOUSAND DOLLARS (\$3000.00) to SIX THOUSAND DOLLARS (\$6000.00)
- Should read: Payments will be made by the Metro Government to Consultant on a quarterly basis upon receipt of detailed invoices.
- TWO HUNDRED SEVENTY NINE THOUSAND SIX HUNDRED FIFTY ONE DOLLARS (\$279,651) should read:
  - THREE HUNDRED THIRTY ONE THOUSAND, SEVEN HUNDRED FIVE DOLLARS (\$331,705)
- Add paragraph
  - Metro Government shall reimburse Consultant for approved continuing educational programs attended by each practitioner up to ONE THOUSAND DOLLARS (\$1000.00), not to exceed FIVE THOUSAND DOLLARS (\$5000.00).

## **AGREEMENT**

**THIS PROFESSIONAL SERVICE CONTRACT**, made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, by and through its **LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS (“LMPHW”)** herein referred to collectively as **“METRO GOVERNMENT”**, and **UNIVERSITY OF LOUISVILLE**, acting by and through its **SCHOOL OF NURSING, (“CONSULTANT”)** with offices located at K Building, Room 3019, University of Louisville, Louisville, Kentucky 40292,

### **W I T N E S S E T H:**

**WHEREAS**, the Metro Government desires to obtain Advanced Registered Nurse Practitioner (“ARNP”) services; and

**WHEREAS**, the Consultant has been determined by the Metro Government to have the necessary experience, expertise and qualifications to provide those services,

**NOW, THEREFORE**, it is agreed by and between the parties hereto as follows:

#### **I. SCOPE OF PROFESSIONAL SERVICES**

**A.** Consultant shall, at the request of the Metro Government, provide services under the terms of this professional Agreement. The Consultant’s work product may be reviewed from time to time by the Metro Government for purposes of determining that the services provided are within the scope of this Agreement.

**B.** If from time to time Consultant needs to utilize the records or personnel of the Metro Government relative to performing the services required of this Agreement, then Consultant shall notify the proper agent of the Metro Government of this need and arrangements may be made for that contingency. However, at no time shall the Metro

Government make available its resources without the full consent and understanding of both parties.

C. Consultant, while performing the services rendered pursuant to this Agreement, may incidental thereto utilize agents or employees of such Consultant. However, such use must be documented in the monthly invoice submitted for those services rendered.

D. The services of Consultant shall include but not be limited to the following:

1. Consultant shall provide ARNP(s) to provide services at the direction of the LMHD Director of Health or his/her designee and to see patients for the prevention, diagnosis, and treatment of diseases, and participate in LMHD's Disaster Plan.
2. Consultant understands that the ARNPs appointed under this agreement are required to be licensed to practice under the laws of the Commonwealth of Kentucky. In the event that a Nurse Practitioner graduate is in the process of securing an ARNP license, working under a temporary license, and is assigned to a LMHD site, Consultant faculty shall be responsible for teaching, supervision, guidance, and evaluation of that Nurse Practitioner. Failure to meet this requirement shall render this agreement void and of no effect.
3. Consultant agrees that ARNP(s), while providing services for LMHD, shall be subject to the exclusive direction and control, both administratively and clinically, of the LMHD Director of Health or his/her designee, except as provided for in Consultant's personnel policies and benefits programs. The control of the Director shall extend to all services and duties performed, including, but not limited to location of work, hours of work, and type of work to be performed within the normal scope of business of LMHD.
4. Consultant agrees that ARNP(s) shall remain employee(s) of Consultant and will be compensated and receive the benefits provided by Consultant. Consultant understands that ARNP(s) are not employees of the Metro Government.
5. Consultant agrees that LMHD hereby specifically retains the right to remove ARNP(s) operating pursuant to this Agreement. Consultant, however, retains the exclusive power to dismiss ARNP(s) in accordance with the conditions of Consultant. Removal or dismissal of ARNP(s) by either LMHD or Consultant shall operate to terminate this Agreement.

## **II. FEES AND COMPENSATION**

**A.** The Metro Government shall pay Consultant for appropriately documented services rendered during this Agreement. The Metro Government shall also pay Consultant an annual administrative fee of **ONE THOUSAND TWO HUNDRED DOLLARS (\$1,200.00)** per Nurse Practitioner, not to exceed **SIX THOUSAND DOLLARS (\$6,000.00)** annually. Metro Government shall reimburse Consultant for approved continuing education programs attended by each practitioner up to **ONE THOUSAND DOLLARS (\$1,000.00)** not to exceed a total of **FIVE THOUSAND DOLLARS (\$5,000.00)**. In the event of termination, payment for services completed shall be processed based upon FTEs prorated for the months served. The total payments under the terms of this contract shall not exceed **THREE HUNDRED THIRTY ONE THOUSAND SEVEN HUNDRED FIVE DOLLARS (\$331,705.00)**.

**B.** Payment shall only be made pursuant to a detailed invoice presented quarterly, which invoice shall indicate the particular nature of the service. The Metro Government shall not reimburse any out of pocket expenses for work done under this Agreement.

**C.** Consultant, to the extent that it provides the same or related services to other parties agrees to pro-rate its billings and out-of-pocket expenses to the Metro Government which are of benefit to the other parties and to provide documentation to all parties to verify the pro-ration of such billings and expenses. In no event will the Metro Government pay bills or expenses which are considered to be double billing (i.e. billing two different parties for the same work or expense).

**D.** Consultant agrees that all outstanding invoices at the end of the fiscal year (June 30) must reach the Metro Government no later than July 15 of the following

fiscal year. Consultant agrees that original invoices that are not in Metro Government possession by this time will not be paid and Consultant agrees to waive its right to compensation for services billed under such invoices.

### **III. DURATION**

**A.** This Agreement shall begin July 1, 2007 and shall continue through and including June 30, 2008.

**B.** This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. This Agreement may also be terminated by any party, without notice to the non-terminating party, because of fraud, misappropriation, embezzlement or malfeasance or a party's failure to perform the duties required under this Agreement. A waiver by either party of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

**C.** In the event of termination, payment for services complete up to and including date of termination shall be based upon work completed at the rates identified in this Agreement. In the event that, during the term of this Agreement, the Metro Council fails to appropriate funds for the payment of the Metro Government's obligations under this Agreement, the Metro Government's rights and obligations herein shall terminate on the last day for which an appropriation has been made. The Metro Government shall deliver notice to Consultant of any such non-appropriation not later than 30 days after the Metro Government has knowledge that the appropriation has not been made.

### **IV. EMPLOYER/EMPLOYEE RELATIONSHIP**

It is expressly understood that no employer/employee relationship is created by this Agreement nor does it cause Consultant to be an officer or official of the Metro

Government. By executing this Agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.

#### **V. RECORDS-AUDIT**

Consultant shall maintain during the course of the work, and retain not less than five years from the date of final payment on the contract, complete and accurate records of all of Consultant's costs which are chargeable to the Metro Government under this Agreement; and the Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or of any public accounting firm selected by it. The records to be thus maintained and retained by Consultant shall include (without limitation): (a) payroll records accounting for total time distribution of Consultant's employees working full or part time on the work (to permit tracing to payrolls and related tax returns), as well as canceled payroll checks, or signed receipts for payroll payments in cash; (b) invoices for purchases receiving and issuing documents, and all the other unit inventory records for Consultant's stores stock or capital items; and (c) paid invoices and canceled checks for materials purchased and for subcontractors' and any other third parties' charges.

#### **VI. INSURANCE REQUIREMENTS**

LMHD shall purchase medical malpractice liability insurance through a licensed or approved insurer authorized to transact business in Kentucky, with a \$1,000,000 limit of liability per claim and aggregate, for each ARNP, for services provided on behalf of LMHD while acting pursuant to this agreement.

#### **VII. HOLD HARMLESS AND INDEMNIFICATION CLAUSE**

Consultant and the University of Louisville (U of L), as agencies of the Commonwealth of Kentucky, although vested with sovereign immunity, are subject to the Board of Claims Act, KRS 44.070-44.160. Claims against Consultant and U of L relating to personal injury or property damage may be filed and decided under the provisions of the Act. To the extent permitted by that Act and other applicable law, the Consultant, as agent for the University of Louisville for receiving grants and research agreements from external funding sources, shall defend, indemnify and hold harmless the Metro Government from and against any and all claims which may result from any error or omission arising out of Consultant's and U of L's performance under this Agreement.

#### **VIII. REPORTING OF INCOME**

The compensation payable under this Agreement may be subject to federal, state and local taxation. Regulations of the Internal Revenue Service require the Metro Government to report all amounts in excess of \$600.00 paid to non-corporate contractors. Consultant agrees to furnish the Metro Government with its taxpayer identification number (TIN) prior to the effective date of this Agreement. Consultant further agrees to provide such other information to the Metro Government as may be required by the IRS or the State Department of Revenue.

#### **IX. GOVERNING LAW**

This Agreement shall be governed by and construed in accordance with the laws of the State of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be the state courts of Kentucky or the U.S. District Court for the Western District of Kentucky, Louisville Division. All parties expressly consent to personal jurisdiction and venue in such Court for the

limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

**X. AUTHORITY**

The Consultant, by execution of this Agreement, does hereby warrant and represent that it is qualified to do business in the State of Kentucky, has full right, power and authority to enter into this Agreement.

**XI. CONFLICTS OF INTEREST**

Pursuant to KRS 45A.455:

(1) It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract, or subcontract, and any solicitation or proposal therefor, in which to his knowledge:

(a) He, or any member of his immediate family has a financial interest therein; or

(b) A business or organization in which he or any member of his immediate family has a financial interest as an officer, director, trustee, partner, or employee, is a party; or

(c) Any other person, business, or organization with whom he or any member of his immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include but not be limited to involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase

standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

(2) It shall be a breach of ethical standards for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment, in connection with any decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling or other determination, claim or controversy, or other particular matter, pertaining to any contract or subcontract and any solicitation or proposal therefor.

(3) It is a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

(4) The prohibition against conflicts of interest and gratuities and kickbacks shall be conspicuously set forth in every local public agency written contract and solicitation therefor.

(5) It shall be a breach of ethical standards for any public employee or former employee knowingly to use confidential information for his actual or anticipated personal gain, or the actual or anticipated personal gain of any other person.

## **XII. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or

understandings between the parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the parties that is not embodied in this Agreement. This Agreement cannot be amended, modified, or supplemented in any respect except by a subsequent written agreement duly executed by all of the parties hereto.

### **XIII. OCCUPATIONAL HEALTH AND SAFETY**

Consultant agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, 29 U.S.C. 650 *et. seq.*, as amended, and KRS Chapter 338. Consultant also agrees to notify the Metro Government in writing immediately upon detection of any unsafe and/or unhealthful working conditions detected at any Metro-owned property where Consultant performs work under this Agreement. Consultant agrees to indemnify, defend and hold the Metro Government harmless from all penalties, fines or other expenses arising out of the alleged violation of said laws.

### **XIV. SUCCESSORS**

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

### **XV. SEVERABILITY**

If any court of competent jurisdiction holds any provision of this Agreement unenforceable, such provision shall be modified to the extent required to make it enforceable, consistent with the spirit and intent of this Agreement. If such a provision cannot be so modified, the provision shall be deemed separable from the remaining provisions of this Agreement and shall not affect any other provision hereunder.

### **XVI. COUNTERPARTS**

This Agreement may be executed in counterparts, in which case each executed counterpart shall be deemed an original and all executed counterparts shall constitute one and the same instrument.

**XVII. CALCULATION OF TIME** Unless otherwise indicated, when the performance or doing of any act, duty, matter, or payment is required hereunder and a period of time or duration for the fulfillment of doing thereof is prescribed and is fixed herein, the time shall be computed so as to exclude the first and include the last day of the prescribed or fixed period of time. For example, if on January 1, Consultant is directed to take action within ten (10) calendar days, the action must be completed no later than midnight, January 11.

**XVIII. CAPTIONS** The captions and headings of this Agreement are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of any provisions of this Agreement.

**XIX. MISCELLANEOUS** Consultant agrees that, in the event it receives from the Metro Government any protected health information, it will not disclose any of that information to any third party and, in that regard, Consultant agrees to comply with the rules and regulations of the Health Insurance Portability and Accountability Act ("HIPAA"), codified in 42 U.S.C. § 1320d and 45 C.F.R. 160-164. Consultant shall hold in strictest confidence all documentation, information, and observations gathered in the performance of this Agreement, and Consultant agrees to sign the Health Department Business Associate Agreement. Consultant further agrees to require any of its subcontractors to both abide by the aforementioned HIPAA prohibitions against the unauthorized disclosure of confidential and protected health information and to sign the Metro Government's Business Associate Agreement.

The Metro Government and Consultant agree to comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et. seq.*) and all implementing regulations and executive orders, and section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 701) and the Kentucky Equal Employment Act of 1978 (K.R.S. § 45.550 to 45.640) and the Americans with Disabilities Act (42 U.S.C. § 12101 *et. seq.*). No person shall be excluded from participation in, be denied the benefits of, or be subject to discrimination in relation to activities carried out under this Agreement on the basis of race, color, age, religion, sex, disability or national origin. This includes provision of language assistance services to individuals of limited English proficiency seeking and/or eligible for services under this Agreement.

Consultant certifies that none of its officers, stockholders, partners, owners or employees is an officer, stockholder, partner, owner or employee of the Louisville Metro Government or its Department of Public Health and Wellness. Consultant agrees to comply with all constitutional, statutory, regulatory and common law requirements adhered to by the Metro Government pertaining to conflicts of interest.

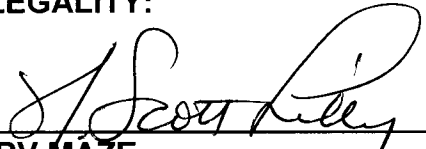
Consultant nor any of its employees or personnel shall speak on behalf of or as a representative of the Metro Government or the Department of Public Health and Wellness without the express authorization of the Director of that Department or his designee.

The Consultant shall reveal any final determination of a violation by the Consultant or subcontractor within the previous five (5) year period pursuant to KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Consultant or subcontractor. The Consultant shall be in continuous compliance with the provisions of

KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to the Consultant or subcontractor for the duration of the contract.


**WITNESS** the agreement of the parties hereto by their signatures affixed hereon.

**APPROVED AS TO FORM AND  
LEGALITY:**

  
IRV MAZE  
JEFFERSON COUNTY ATTORNEY

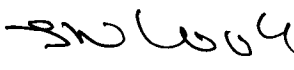
Date: 7/19/07

**LOUISVILLE/JEFFERSON COUNTY  
METRO GOVERNMENT**

  
DR. ADEWALE TROUTMAN, M.D.,  
DIRECTOR, DEPARTMENT FOR PUBLIC  
HEALTH AND WELLNESS

Date: 7/18/07

**UNIVERSITY OF LOUISVILLE**

By:   
Larry N. Cook, M.D.  
Title: Exec. V.P. for Health Affairs  
Date: 9-21-07

**UNIVERSITY OF LOUISVILLE, SCHOOL  
OF NURSING**

By: Cynthia McCurren  
Title: Interim Dean  
Date: 8/30/07

**Taxpayer Identification No.  
(TIN):** \_\_\_\_\_

**Louisville  
Revenue  
No.:** \_\_\_\_\_





CNA Plaza,  
Chicago, IL 60685

Healthcare Providers Service  
Organization Purchasing Group  
**Certificate of Insurance**  
**OCCURRENCE POLICY FORM**



Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	298651490-8	from: 12:01 AM Standard Time on: 10/02/07 to: 12:01 AM Standard Time on: 10/02/08
Named Insured and Address				Program Administrator
MECHELLE A HOWARD 614 SUNNYGATE PL LOUISVILLE KY 40223-4790 Medical Specialty: Adult/Geriatric Nurse Practitioner				Nurses Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80965				Insurance Provided by American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue Chicago, IL 60604
COVERAGE PARTS				LIMITS OF LIABILITY

**A. PROFESSIONAL LIABILITY**

Professional Liability	\$1,000,000.00 each claim	\$6,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

**B. Coverage Extensions**

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Disposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	\$10,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage of Property of Others	\$500.00 per incident	\$10,000.00 aggregate

**C. WORKPLACE LIABILITY**

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit
Personal Liability	\$1,000,000.00 aggregate

**D. GENERAL LIABILITY**

Coverage part D. does not apply if Coverage part C. is made part of this policy.

General Liability	None	None
Hired Auto & Non Owned Auto	None	
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$727.40

Premium reflects employed, full-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-247-1500

G-121500-C G-121501-C G-121503-C G-145184-A G-147292-A G-144872-A G-123846-C16

\$683.00 PREMIUM \$10.25 SURCHARGE \$34.15 STATE/LOCAL TAX

Master Policy: 188711433

*Irvin H. H.*  
Chairman of the Board

*John M. H.*  
Secretary

Keep this document in a safe place. This and  
your cancelled check act as proof of coverage.

INTERSTATE  
INSURANCE  
GROUP

**CHICAGO INSURANCE COMPANY**  
Executive Offices  
55 E. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client #  
770152

## MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	10/09/07	AHL-2895631	AHA-2000000

Offered through American Health Care Professions Purchasing Group Association

### SECTION I

### DECLARATIONS

Item CERTIFICATE NUMBER: AHL 2895631

1. Named Insured: VIVIANNE A GRIFFITHS

2. Mailing Address: C/O 715 FOXGATE RD  
LOUISVILLE, KY 40223

3. Policy Period: From: 10/01/2007 To: 10/01/2008  
12:01 A.M. Standard Time At Location of Designated Premises

4. Business or Profession: Affiliation: ALLIED HEALTH PROFESSION  
NURSE PRACTITIONER  
NP - ADULT

5. The Named Insured is a(n): ☐ Partnership ☐ Corporation ☒ Individual  
☐ Sole Proprietor (with employees) ☐ Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2087(04/00), PLJ-2037(05/98), PON-2003, 02-PL-3001(11/03), 02-PL-3000(11/03)

### SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$605.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	

TOTAL: \$605.00

### LIMITS OF LIABILITY

\$ 1,000,000 each Incident and  
each Occurrence \$ 6,000,000 Aggregate

### SECTION III

#### SUPPLEMENTARY PAYMENTS

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services  
a service of SEABURY & SMITH  
1440 RENAISSANCE DRIVE  
PARK RIDGE, IL 60068  
1-800-503-9230

RECEIVED  
10-24-07

PLP-2037 (05/98)  
PLP-2337 (PRNT)

INSURED COPY

1-800-503-9230-521365



CNA Plaza,  
Chicago, IL 60685

Healthcare Providers Service  
Organization Purchasing Group

# Certificate of Insurance



## OCCURRENCE POLICY FORM

Producer	Branch	Prefix	Policy Number	Policy Period
018098	970	HPG	264657147-8	from: 12:01 AM Standard Time on: 07/27/07 to: 12:01 AM Standard Time on: 07/27/08
Named Insured and Address				Program Administrator
VONNIE D HUGHES 1006 S 40TH ST LOUISVILLE KY 40211-2508 Medical Specialty: Adult/Geriatric Nurse Practitioner Registered Nurse				Nurses Service Organization 159 East County Line Road Hatboro, PA 19040-1218
Code: 80965 80964				Insurance Provided by American Casualty Co. of Reading, PA 333 Wabash Avenue Chicago, IL 60604
COVERAGE PARTS				LIMITS OF LIABILITY

### A. PROFESSIONAL LIABILITY

Professional Liability	\$1,000,000.00 each claim	\$6,000,000.00 aggregate
Good Samaritan Liability	Included above	
Personal Injury Liability	Included above	
Malplacement Liability	Included above	

### B. Coverage Extensions

License Protection	\$10,000.00 per proceeding	\$25,000.00 aggregate
Defendant Expense Benefit		\$10,000.00 aggregate
Deposition Representation	\$2,500.00 per deposition	\$5,000.00 aggregate
Assault	\$10,000.00 per incident	\$25,000.00 aggregate
Medical Payments	\$2,000.00 per person	\$100,000.00 aggregate
First Aid		\$2,500.00 aggregate
Damage to Property of Others	\$500.00 per incident	\$10,000.00 aggregate

### C. WORKPLACE LIABILITY

Coverage part C. does not apply if Coverage part D. is made part of this policy.

Workplace Liability	Included in A. Professional Liability Limit shown above
Fire and Water Legal Liability	Included above subject to \$150,000 sub-limit
Personal Liability	\$1,000,000.00 aggregate

### D. GENERAL LIABILITY

Coverage part D. does not apply if Coverage part C. is made part of this policy.

Workplace Liability	None	None
Hired Auto & Non Owned Auto	None	
Fire & Water Legal Liability	None	None
Personal Liability		None

Total Premium \$727.40

Premium reflects employed, full-time rate.

Policy forms and endorsements attached at inception

QUESTIONS? CALL: 1-800-247-1500

G-121500-C G-121501-C G-121503-C G-145184-A G-147292-A G-144872-A G-123846-C16

Nurses Service Organization is a registered trade name of Affinity Insurance Services, Inc.; in NY and NH, AIS Affinity Insurance Agency, in MN and OK, AIS Affinity Insurance Agency, Inc.; and in CA, AIS Affinity Insurance Agency, Inc. dba Aon Direct Insurance Administrators License #0795465.

\$683.00 PREMIUM \$10.25 SURCHARGE \$34.15 STATE/LOCAL TAX

Master Policy: 188711433

Chairman of the Board

Secretary

Keep this document in a safe place. This and your cancelled check act as proof of coverage.

**INTERSTATE  
INSURANCE  
GROUP**

**CHICAGO INSURANCE COMPANY**  
Executive Offices  
55 E. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client #  
**686176**

## MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	04/06/07	AHL-2843461	AHA-2000000

Offered through American Health Care Professions Purchasing Group Association

### SECTION I

### DECLARATIONS

Item **CERTIFICATE NUMBER: AHL 2843461**

1. Named Insured: **GEORGIA A NILES**

2. Mailing Address: C/O **96 EAST TOPHILL TERRACE  
ELIZABETHTOWN, KY 42701**

3. Policy Period: From: **03/08/2007** To: **03/08/2008**  
12:01 A.M. Standard Time At Location of Designated Premises

4. Business or Profession: **Affiliation: ALLIED HEALTH PROFESSION  
NURSE PRACTITIONER  
NP - WOMEN'S HEALTHCARE**

5. The Named Insured is a(n): ☐ Partnership ☐ Corporation ☒ Individual  
☐ Sole Proprietor (with employees) ☐ Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following forms(s) or endorsements(s):

PLE-2087(04/00), PLJ-2037(05/98), PON-2003, 02-PL-3001(11/03), 02-PL-3000(11/03)

### SECTION II

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$605.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	
TOTAL:		\$605.00
LIMITS OF LIABILITY		
\$ 1,000,000	each Incident and each Occurrence	\$ 6,000,000 Aggregate

### SECTION III

#### SUPPLEMENTARY PAYMENTS

- A. First Party Assault
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